



Early Hearing Detection Intervention (EHDI) Tracking, Research and Integration – Fact Sheet

This program is statewide and reduction in funding would reduce the ability of Louisiana to meet the national EHDI goals. This program is funded by two federal grants, from the Centers for Disease Control and Prevention (CDC) and the Health Resources Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB).

Objective

National 1-3-6 goals: Newborns screened for hearing loss by 1month; those who do not pass initial screening tested by 3 months; those identified with hearing loss in early intervention by 6 months for Early Hearing Detection and Intervention (EHDI).

Performance Indicators

1. % hearing screened at birth
2. % tested by 3 months
3. % in early intervention by 6 months

Hearing Speech and Vision (HSV) program in OPH assures that every infant born in Louisiana is screened for hearing loss prior to hospital discharge, or by one month of age. This initiative is known as Early Hearing Detection and Intervention (EHDI). For children who do not pass the initial hospital screening, re-screening and/or audiological assessment should occur by 3 months of age. Children identified with hearing loss should be enrolled in or offered appropriate early intervention by 6 months of age. Hospitals must report their initial screening data via the electronic birth certificate (EBC) from Vital Records. Audiologists and physicians must report their follow-up rescreening/diagnostic testing by follow-up reporting to HSV. Our program is working to enhance tracking and surveillance systems to accurately identify, match and collect unduplicated individually identifiable data. Hospitals have accepted the mandate for universal screening, and the emphasis is now on accuracy of screening data and minimizing loss to follow-up for those who do not pass the initial screening. The national initiative for universal newborn hearing screening has had a major impact upon the age of identification of hearing

loss, prior to EHDI; the average age of identification was 2.5 years of age. Currently, the average age of identification is approximately 6 months of age for those born with hearing loss. Prior to implementation of the universal screening mandate in 2002 in Louisiana only about 5% of infants were screened for hearing loss prior to hospital discharge, whereas 97% are now screened.

HSV receives a federal grant of \$150,000, which supports the EHDI activities, from the Centers for Disease Control and Prevention (CDC).

Customers are all Louisiana newborns and their families. HSV collaborates with all birthing hospitals to assure that initial screening is completed and reported, and with audiologists and physicians performing follow-up rescreening and diagnostic audiological assessment for children who need it. Tracking and surveillance activities determine the statewide performance toward the 1-3-6 goals. Family to family support is an important initiative for families of children who are identified with hearing loss. Appropriate early intervention for identified children may include hearing aids and Early Steps services. The EHDI program has a partnership with the Parent-Pupil Education Program (of the Louisiana School for the Deaf) and Early Steps to assure that families of children identified will have immediate access to a professional who is knowledgeable about hearing loss.

Better Health

- Early identification of hearing loss assures that appropriate interventions are provided to children with hearing loss.
- Appropriate early interventions enable children with hearing loss to enter school with skills commensurate with their hearing peers.

Statutes

Revised Statute, Chapter 22- 2201-2211 and Chapter 30A- 2261-2267. LAC 48: V. Chapter 22 Identification of Hearing Impairment in Infants

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Nationally, the average age of identification of hearing loss has been reduced from 2.5 years to approximately 6 months. Early identification of hearing loss and early intervention has been shown to improve speech/language acquisition; improved performance in school achievement and reduction of special education services needed have also been shown. Christina Yoshinaga-Itano at the University of Colorado at Boulder has published outcome research for EHDI. Results verified scores 20 to 40 percentile points higher on school related measures: vocabulary,

articulation, intelligibility, social adjustment and behavior. Annual national EHDI data is available at <http://www.cdc.gov/ncbddd/ehdi/data.htm>